

FREE RESOURCE SERIES

THE PIVOTAL PROTOCOL ACADEMY PRESENTS

# Beginner Stack Blueprint

Your first 90 days, mapped.

The five compounds that build the foundation. The exact dosing you start with. The three-phase progression that separates beginners who get results from those who give up in week four.

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CORE  
COMPOUNDS

3

PROGRESSION  
PHASES

90

DAY  
ROADMAP

THE PIVOTAL PROTOCOL

v1.0 - 2026 Edition

## WHY THIS BLUEPRINT EXISTS

# Start Here. Not There.

Most people get this backwards. They dive into the complex stacks, the GH secretagogue combinations, the advanced timing protocols, before they have the biological foundation in place. Then they wonder why they are not getting results. The foundation is not optional. It is not a suggestion for beginners who do not know better. It is the prerequisite that determines everything else.

This blueprint maps a single thing: the compounds that build your foundation, in the order you introduce them, at the doses you start with, across the three phases that take you from zero to a functioning biological platform ready for advanced work.

Five compounds. Three phases. Ninety days. That is the entire blueprint. No shortcuts. No additions. No modifications. Run it as written and your body will tell you something useful at the end. Deviate and the data is garbage.

### **Before You Begin: The Baseline Requirement**

This blueprint assumes you have completed foundational blood work before starting. At minimum: complete metabolic panel, CBC, full thyroid panel, IGF-1, testosterone (total and free), DHEA-S, cortisol (AM), fasting insulin, and CRP. You cannot know what is working if you

do not know where you started. The baseline labs are not optional for anyone taking this work seriously.

A note on what this blueprint is and is not: this is educational material produced by THE PIVOTAL PROTOCOL for teaching purposes. It represents how advanced learners in this field approach foundational peptide education. It is not medical advice, not a prescription, and not a clinical protocol. Nothing in this document should be interpreted as instruction to obtain, use, or administer any compound.

## SECTION 01

## The Five Foundation Compounds

Each compound is selected for a specific role in the foundation. None are optional. None are interchangeable. Learn what each one does before you continue.

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### BPC-157

BODY PROTECTIVE COMPOUND -  
PENTADECAPEPTIDE

FOUNDATION

BEGINNER  
DOSE

**250** mcg

FREQUENCY

**Once** daily

TIMING

**AM** fasted

BPC-157 is a 15-amino-acid peptide derived from a protein found in gastric juice. It has been studied extensively for its role in tissue repair, gut integrity, and tendon-to-bone healing. For the beginner, it serves one primary function: creating the biological substrate that everything else builds on. Healthy connective tissue. Healthy gut. Reduced systemic inflammation. Without this, the other compounds work against a degraded platform.

- Upregulates growth hormone receptors in tendon fibroblasts, accelerating structural repair
- Modulates nitric oxide signaling, improving local blood flow to damaged tissue
- Stabilizes gut microbiome through VEGF pathway support, reducing inflammatory load

- Cross-system synergy with TB-500 for comprehensive tissue healing coverage

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## TB-500

THYMOSIN BETA-4 SYNTHETIC  
FRAGMENT

FOUNDATION

BEGINNER  
DOSE

2.0 mg

FREQUENCY

2X per week

DURATION

8 weeks on

TB-500 is a synthetic version of Thymosin Beta-4, a ubiquitous actin-sequestering protein involved in cell migration and wound repair. Where BPC-157 excels in local site-specific healing, TB-500 is systemic, circulating throughout the body and reaching areas that localized administration cannot. Together they form the complete healing coverage that defines a proper foundational stack.

- Promotes actin polymerization, the core mechanism behind cell motility and wound closure
- Increases stem cell migration to injury sites, accelerating structural repair timelines
- Anti-inflammatory properties via down-regulation of NF-kB pathways
- Cardiac tissue protection studied in animal models of myocardial infarction

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## Ipamorelin

GH SECRETAGOGUE - SELECTIVE  
GHRELIN MIMETIC

PERFORMANCE

BEGINNER  
DOSE**200** mcg

FREQUENCY

**1-2X** daily

TIMING

**Pre-sleep**

required

Ipamorelin is the most selective GH secretagogue available for study. It stimulates GH release from the pituitary without meaningfully affecting cortisol or prolactin, which makes it the appropriate starting point for anyone new to GH optimization work. Begin with one injection before sleep. Add the optional second injection 30 to 45 minutes before training only after completing Phase 1 without incident.

- Binds ghrelin receptors in the pituitary to trigger endogenous GH release
- Does not suppress natural GH axis when cycled correctly
- Peak GH pulse occurs 60 to 90 minutes post-administration
- Commonly paired with CJC-1295 No DAC in advanced work; run alone in Phase 1

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## Semax

ACTH ANALOGUE - NEUROPEPTIDE

PERFORMANCE

BEGINNER  
DOSE**100** mcg

FREQUENCY

**Once** daily

TIMING

**AM** only

Semax is a synthetic analogue of the ACTH 4-7 sequence developed by the Institute of Molecular Genetics of the Russian Academy of Sciences. It is the cognitive compound in the beginner stack, included not because cognition is a luxury but because sleep quality, stress resilience, and mental clarity directly determine whether the physical optimization work produces measurable output. Phase 1 dose is conservative. Titrate only in Phase 3.

- Increases BDNF (Brain-Derived Neurotrophic Factor) expression in hippocampal tissue
- Enhances dopaminergic and serotonergic neurotransmission at low doses
- Studied for neuroprotection following hypoxic and ischemic events in clinical trials
- Half-life under 10 minutes: effects are mediated through downstream cascade, not receptor occupancy

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## GHK-Cu

COPPER TRIPEPTIDE - TISSUE REMODELING

RECOVERY

BEGINNER  
DOSE

**50** mcg

FREQUENCY

**Once** daily

TIMING

**PM** preferred

GHK-Cu is a naturally occurring copper peptide found in human plasma, saliva, and urine. Concentrations decline significantly with age, which correlates with reduced tissue regenerative capacity. It is the anti-aging and skin integrity compound in the stack, but its mechanism of action, gene regulation and ECM remodeling, means its effects extend well beyond skin. It belongs in every foundational stack for its systemic regenerative profile.

- Regulates over 4,000 human genes, predominantly in tissue remodeling and repair categories

- Increases collagen and elastin synthesis through TGF-beta pathway stimulation
- Antioxidant properties via superoxide dismutase upregulation
- Strong synergy with BPC-157 and TB-500 in connective tissue repair protocols

## SECTION 02

## The Three-Phase Progression

Do not compress these phases. Do not merge Phase 1 and Phase 2 because you feel fine. The purpose of Phase 1 is to generate baseline response data in your specific biology. You need at least 30 days of clean single-variable data before adding anything.

## PHASE 01

### Foundation Establishment

Weeks 1 through 4

Three compounds only. Full stop. BPC-157, TB-500, and Ipamorelin. You are establishing tissue-level integrity, beginning GH optimization, and generating your first four weeks of response data. Nothing is added until this phase completes cleanly.

## ACTIVE COMPOUNDS

BPC-157                      **250 mcg / AM**

TB-500                        **2.0 mg / 2x week**

Ipamorelin   **200 mcg / pre-sleep**

WHAT YOU ARE  
MEASURING

Sleep quality (0-10 nightly log)

AM energy (0-10 on wake)

Training recovery (soreness  
duration)

Any injection site reactions

Appetite and GI function

## PHASE 02

# Cognitive and Skin Layer Integration

Weeks 5 through 8

Phase 1 complete with no adverse events. Add Semax and GHK-Cu. You now have the full five-compound beginner stack running together. The compound additions happen in the same week. Do not stagger them at this stage.

## ADDED THIS PHASE

Semax	<b>100 mcg / AM</b>
GHK-Cu	<b>50 mcg / PM</b>

## NEW TRACKING METRICS

Cognitive clarity and focus (0-10)

Mood stability across the day

Skin texture changes (4-week photo)

Sleep architecture (REM improvement)

## PHASE 03

# Optimization and Dose Refinement

Weeks 9 through 12

Full stack is running. Phase 3 is not about adding compounds. It is about optimizing what you have. Consider adding the pre-training Ipamorelin dose if recovery is the primary goal. Consider Semax titration to 200 mcg if cognitive work is the primary driver. Mid-cycle blood work at week 10 to verify IGF-1 response.

## OPTIONAL REFINEMENTS

Ipamorelin second dose (pre-training)

## REQUIRED WEEK 10 LABS

IGF-1 (compare to baseline)

CRP (inflammation marker)

Fasting glucose and insulin

Semax increase to 200 mcg if warranted

Full CBC for safety baseline

BPC-157 dose increase if healing target

## SECTION 03

## The Phase 2 Daily Schedule

Full five-compound stack running. This is your reference sheet for weeks 5 through 12.

TIME	COMPOUND	DOSE	NOTES
Morning Fasted	BPC-157	250 mcg	Subcutaneous. Abdomen or thigh. 30+ min before eating.
Morning Fasted	Semax	100 mcg	Administer within 10 minutes of BPC-157. AM only, never PM.
Mon / Thu	TB-500	2.0 mg	Subcutaneous. Larger injection volume, use 1mL syringe.
Evening	GHK-Cu	50 mcg	PM preferred, not required to be fasted.
Pre-Sleep	Ipamorelin	200 mcg	2 hours after last meal. No carbohydrates 90 min pre-injection.

## INJECTION FUNDAMENTALS

### Before Your First Injection: The Five Non-Negotiables

**01** Bacteriostatic water only. Never sterile water. Never tap water.

**02** Insulin syringes (U-100, 1mL, 29-31 gauge). Correct tool for subcutaneous injection.

**04** Rotate injection sites. Three-finger rule: never inject within 3 fingers of prior site.

**05**

03 Pinch and lift the subcutaneous fat layer. 45-degree angle for lean individuals.

Refrigerate reconstituted peptides. Do not freeze. Use within 30 days of reconstitution.

### End-of-Phase-1 Checkpoint: Clear All Five Before Advancing

- Zero injection site reactions beyond normal transient redness
- Sleep quality trend positive over the 4-week period
- No persistent GI disturbance, excessive hunger, or bloating
- No allergic-type responses (hives, unusual swelling, difficulty breathing)
- Tracking log completed daily for all 30 days

## SECTION 04

## Glossary: The Terms You Will See Everywhere

Learn these before you go deeper. They will appear in every educational resource in the field.

**Subcutaneous**

Below the skin but above the muscle. The injection layer used for all compounds in this blueprint. Different from intramuscular (into muscle) which is not used at this level.

**Reconstitution**

The process of adding bacteriostatic water to a lyophilized (freeze-dried) peptide powder to create a liquid solution for injection. Volume of water added determines concentration.

**GH Secretagogue**

A compound that stimulates the pituitary gland to release growth hormone. Ipamorelin is a secretagogue. It works with your body's existing GH axis rather than replacing it.

**IGF-1**

Insulin-Like Growth Factor 1. The downstream marker of GH activity, produced primarily in the liver. Blood test to measure whether GH optimization is working. Reference range varies by age.

### **Lyophilized**

Freeze-dried. The standard storage format for research-grade peptides. Stable at room temperature for months in this form. Must be kept refrigerated after reconstitution.

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### **ECM**

Extracellular Matrix. The scaffolding of proteins and polysaccharides between cells that provides structural support. GHK-Cu and BPC-157 both work on ECM quality and regeneration.

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### **BDNF**

Brain-Derived Neurotrophic Factor. A protein that supports the growth and survival of neurons. Elevated BDNF correlates with improved learning, memory, and mood stability. Semax increases it.

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### **Bacteriostatic Water**

Sterile water with 0.9% benzyl alcohol added. The benzyl alcohol prevents bacterial growth, allowing multi-use vials over 30 days. Never substitute with plain sterile water or saline for reconstitution.

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## **SECTION 05**

# **What Comes After 90 Days**

The beginner stack is not where the work gets interesting. It is where the foundation gets built so the interesting work is possible. After 90 days with clean data, you have a biological baseline. You have a response profile. You know how you tolerate the core compounds. That data is the asset. What you build on top of it, CJC-1295 combinations, GH secretagogue stacks, advanced cognitive peptides, mitochondrial compounds, is where the

transformation actually happens. The Academy exists to teach you that next layer. The beginner stack is the door.

## Ready for the full curriculum?

The Pivotal Protocol Academy covers everything beyond this blueprint: advanced stacks, GH optimization, cognitive protocols, cycle design, and blood work interpretation.

[THEPIVOTALPROTOCOL.COM/ACADEMY](https://THEPIVOTALPROTOCOL.COM/ACADEMY)

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